

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-043024

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 189.3

VS 300
Rev. 4/59

1 0128
2 1110
3
4 1
5 2
6
7 1
8 0
9 4200
10
11
12 4-0
13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Wayne</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Poplar Bluff</u>		c. CITY OR TOWN <u>Piedmont</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Poplar Bluff Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>Barnes</u>	
3. NAME OF DECEASED (Type or print) <u>Minnie Bell Cowan</u>		4. DATE OF DEATH Month <u>Nov.</u> Day <u>17</u> Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-20-1878</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Odin, Ill.</u>	
13a. FATHER'S NAME <u>John Kibby</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Duncan</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		17. INFORMANT <u>Mr. K.F. Childress Troy Michigian</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hypostatic Pneumonia</u> DUE TO (b) <u>Acute Cardiac Decompensation</u> DUE TO (c) <u>Arteriosclerotic Heart Disease</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20c. TIME OF INJURY Hour <u>4-0</u> a.m. <u>1-0</u> p.m.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>11-15-1963</u> to <u>11-17-63</u> and last saw her alive on <u>11-17-1963</u>		Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>Frank A. Smell</u>		22b. ADDRESS <u>215 Oak St. Poplar Bluff, Mo.</u>	
22c. DATE SIGNED <u>11-20-63</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>11-19-63</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Greenville Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Greenville Missouri</u>	
24. FUNERAL DIRECTOR <u>William Godwin Piedmont, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>11-21-1963</u>	
26. REGISTRAR'S SIGNATURE <u>Thelma Graham</u>			

DEC 4 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Cedar Funeral Home, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William Cook

Licensed Embalmer No. 3723

P. O. Address Piedmont, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED-EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.